

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5		1				
6		2				
7		①				
8		①				
9	1					
10	1					
11		2				
12	1					
13	1					
14		2				
15		2				
16		2				
17	1					
18	1					
19	1					
20	1					
21		2				
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TOTAL IND.	22					
TOTAL DEP.	10					
TOTAL CLAIMS	32					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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